

2082

MULTIPLE FEE QAL (FOR USE 1 FORM PTO-875)						DENT CLAIM ATION SHEET		SERIAL NO. 09 APPLIC.		FILING DATE	
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	1					51					
102	1					52					
103	1					53					
104	1					54					
5						55					
6						56					
7						57					
8						58					
9						59					
10						60					
11						61					
12						62					
13						63					
14						64					
15						65					
16						66					
17						67					
18						68					
19						69					
20						70					
21						71					
22						72					
23						73					
24						74					
25						75					
26						76					
27						77					
28						78					
29						79					
30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.						TOTAL IND.					
TOTAL DEP.						TOTAL DEP.					
TOTAL CLAIMS						TOTAL CLAIMS					

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104-2

MULTIPLE DENT CLAIM FEE CALCULATION SHEET (FOR USE FORM PTO-876)						SERIAL NO. <u>09/21456</u>	FILING DATE
						APPLIC.	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/	/	/	/	/		
2	/	/	/	/	/		
3	/	/	/	/	/		
4	/	/	/	/	/		
5	/	/	/	/	/		
6	/	/	/	/	/		
7	/	/	/	/	/		
8	/	/	/	/	/		
9	/	/	/	/	/		
10	/	/	/	/	/		
11	/	/	/	/	/		
12	/	/	/	/	/		
13	/	/	/	/	/		
14	/	/	/	/	/		
15	/	/	/	/	/		
16	/	/	/	/	/		
17	/	/	/	/	/		
18	/	/	/	/	/		
19	/	/	/	/	/		
20	/	/	/	/	/		
21	/	/	/	/	/		
22	/	/	/	/	/		
23	/	/	/	/	/		
24	/	/	/	/	/		
25	/	/	/	/	/		
26	/	/	/	/	/		
27	/	/	/	/	/		
28	/	/	/	/	/		
29	/	/	/	/	/		
30	/	/	/	/	/		
31	/	/	/	/	/		
32	/	/	/	/	/		
33	/	/	/	/	/		
34	/	/	/	/	/		
35	/	/	/	/	/		
36	/	/	/	/	/		
37	/	/	/	/	/		
38	/	/	/	/	/		
39	/	/	/	/	/		
40	/	/	/	/	/		
41	/	/	/	/	/		
42	/	/	/	/	/		
43	/	/	/	/	/		
44	/	/	/	/	/		
45	/	/	/	/	/		
46	/	/	/	/	/		
47	/	/	/	/	/		
48	/	/	/	/	/		
49	/	/	/	/	/		
50	/	/	/	/	/		
TOTAL IND.	11	↓	12	↓	1		
TOTAL DEP.	51	↔	92	↔	1		
TOTAL CLAIMS	62	↔	104	↔	1		

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